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ABSTRACT

The Rehabilitative Skills Inventory (RSI) was developed and tested as an assessment tool to measure the proficiency of hearing impaired mentally retarded (HIMR) in several skill areas related to successful functioning in a community living facility. The areas covered are mathematics and money skills, vocational performance, vocational behavior, community skills, and daily living skills. The authors compiled an initial inventory of items that sampled those skills they believed were essential for successful independent living in a community situation for their HIMR clients. Three HIMR groups (children, adolescent/adults, and a halfway house group) and one (mentally retarded) control group were used for testing and refining the scaled inventory over a seven-month period. Subjects and evaluators were from the Dixon Developmental Center in Illinois. Analysis of data indicates good inter-rater and test-retest reliability as well as good concurrent validity with other measures that assess adaptive behavior (e.g., the Fairview Self Help Scale and the San Francisco Vocational Competency Scale). The authors conclude that the RSI has unique features for measuring readiness of HIMR clients for community living. (Included are a copy of the RSI, test data, and instructions for raters.) (FP)

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Final Report

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INTRODUCTION

The Rehabilitative Skills Inventory (RSI) is an assessment tool specifically designed to measure the performance of hearing-impaired mentally retarded (HIMR) adolescents and adults in several skill areas which are considered essential by the authors for successful functioning in a community living facility or in independent community living. These skill areas are functional mathematics, utilization of money, vocational performance, community utilization, and personal care.

To the authors' knowledge, there is no instrument currently available that comprehensively assesses the readiness of HIMR clients for placement in a community program or living facility. The RSI is designed to fulfill this need. The RSI may be used by facilities serving the HIMR for a variety of purposes. First, the inventory may serve to reflect student deficiencies in community skills and permit necessary changes in HIMR curriculum in order to promote optimal student progress toward the goal of community placement. The interdisciplinary team may employ the inventory as a guide in formulating treatment plans for individual students. The inventory also may be used to measure individual or group status at any given point in time or to measure progress over time. When placement in a transitional community program such as a halfway house or community day program or workshop is under consideration, the RSI may serve to assess current functioning in terms of readiness for such a program. Finally, the RSI may be utilized by sending or receiving facilities to assess client readiness for placement in a community living facility or in independent community living.

The RSI is appropriate for assessment of clients who already have basic self-help skills such as eating, toileting and dressing. It should be noted that the inventory measures only skills and adaptive behaviors which are considered prerequisite to successful community functioning. Although, negative or socially maladaptive behaviors that may prohibit or greatly reduce the chance of successful adjustment in the community are not assessed on the RSI, such behaviors should be taken into consideration in a total evaluation of a client's readiness for community living.

DESCRIPTION OF THE INVENTORY

The RSI is organized into five major sections that assess competence in the following areas: Mathematics and money skills, vocational performance, vocational behavior, community skills, and daily living skills. Each major section contains items that measure specific aspects of the general skill area. Each item consists of several statements that describe varying degrees of competency in a specific skill. The statements are ordered within each item so that an individual who performs at a given level is generally able to perform at all preceding levels, except for non-performance or the zero level of the skill. The only section in which this format is not followed is the Vocational Performance section, in which numerical scores are used. The Vocational Performance section consists of work competency scores on simulated or actual work tasks and the Purdue Pegboard score. Work competency scores in terms of percentage of normal production rate are included in this section to provide a measure of the client's rate of production on simulated or actual work tasks. The Purdue Pegboard is included as a convenient measure of dexterity, an essential element in the performance of manual tasks.

The Community Placement Recommendation (CPR) is an addendum to the RSI which is rated independently of the RSI and does not contribute to the client's overall RSI score. The CPR represents the rater's judgement regarding the client's probable success in a community living situation. CPR ratings over time may provide a subjective assessment of a client's progress toward readiness for community placement and may serve as a useful addition to the objective inventory in staff evaluation of client status.

INSTRUCTIONS

The evaluator for each major section of the RSI should be the person most familiar with the client in that domain of his/her behavior. For example, the client's educator may rate the client on mathematics and money skills; the client's workshop instructor may rate the client on the vocational sections, and the client's parent or residential aide may rate the client in the community skills and daily living sections. The rater(s) should be sufficiently familiar with the client so that no special test situation need be arranged in order to evaluate the client except for the administration of the Purdue Pegboard. The client should be rated on his actual performance rather than on presumptive ability, that is, the client should be rated on each item at the level at which he/she characteristically performs.

Sections I, III, IV and V

Items in these sections consist of several descriptive statements which are ordered by skill competency level. Option 0 of an item represents the absence of a skill, option 1 represents the relatively lowest degree of competence of the skill, and the last option in the sequence represents the highest degree of competence of the skill as measured by the inventory.

Instructions to evaluator(s): Become familiar with all the statements within each particular item you are rating. Circle only the highest level applicable within each item in terms of the client's current functioning.

For item V.E. Prosthetic Device Usage and Maintenance, if no prosthetic device(s) are worn, circle either 0 or 7, in sub-item E (4). If prosthetic devices are worn, circle the highest level statement applicable in sub-item E (2) and E (3) for each device worn. Sum the numbers of the circled statements in E (2) and E (3). Add the totals for E (2) and E (3) and

divide by the number of devices. This result, rounded to the nearest whole number, constitutes the score for V.E. if prosthetic devices are worn. If no devices are worn, the number circled for V.E. (4) constitutes the score for V.E.

After completing ratings, transfer the number of the circled statement in each item to the corresponding line on the score sheet. Add the item scores for each section and write the section totals in the appropriate spaces on the score sheet. To obtain the percent score for each section, divide the section total by the total possible points for the section, which are pre-printed on the score sheet.

Section II

Part 1. Work Simulated Tasks

Work simulated tasks are training tasks used in a pre-vocational setting designed to teach clients basic work skills and work habits necessary for adequate functioning in a productive work setting. If the client participates in such a program, the task(s) and percentage(s) of work competency attained by the client within the last six months should be listed in the appropriate space. Percentage of work competency is a comparison of the individual's rate of production on a task with the normal rate of production on that task. The normal rate is designated as 100 percent competency. (See Appendix for methods of obtaining normal rate or production and individual work competency percentage). If the client has worked on one task for the last six months, enter the work competency percentage for this task as the score for Work Simulated Tasks on the score sheet. If the client has worked on more than one task, compute the average of the work competency percentages listed and enter this average as the score for Work Simulated Tasks on the score sheet.

Part 2. Actual Work Tasks

Actual work tasks refer to productive jobs for which the client receives remuneration. If the client works in a productive setting, follow the procedures for computing and entering work competency percentages as described for Work Simulated Tasks in Part 1.

Part 3. Purdue Pegboard

The Purdue Pegboard is a commercially available [1] standard testing instrument consisting of a pegboard, pins, collars, and washers. Only the pin portion of the test is utilized for the RSI. The examiner must consult the manual supplied with the Purdue Pegboard for instructions on administration. It should be noted that the Purdue Pegboard manual refers to the preferred hand as the Right Hand, whereas the RSI designates the preferred hand as the dominant hand, or DH. Before proceeding with the Purdue Pegboard itself, determine the dominant hand of the client, that is, is the client right or left handed. Proceed with the pin test for each hand separately (dominant hand first) and then both hands together. Record Purdue Pegboard scores as follows: Enter the number of pins placed in 30 seconds with the dominant hand in the space labeled DH. Enter the number of pins placed in 30 seconds with the non-dominant hand in the space labeled NDH. Record the number of <u>pairs</u> of pins placed with both hands together in 30 seconds in the space labeled BH. Enter the sum of DH + NDH + BH in the space provided. Transfer these results to the score sheet.

The manual for the Purdue Pegboard contains tables listing percentiles of performance for various occupational groups. To obtain percentage scores on the Purdue Pegboard, the authors of the RSI used the 50th percentile score of the normative group of Male and Female Applicants for General Factory

Work[2] as the normal referent and designated this score, which is 48, as 100 percent competancy for the sum of dominant hand plus non-dominant hand plus both hands. Therefore, to obtain the percentage score for DH + NDH + BH, divide this sum by 48. If percentage scores for each hand separately or for both hands together are desired, the authors suggest using the 50th percentile scores of the Male and Female Applicants for General Factory Work as the normal referents. These scores, 18 for DH, 17 for NDH, and 14 for BH, may be used as divisors to obtain percentage scores. These additional percentage scores are optional and are not required for the computation of a Purdue Pegboard percentage score for the RSI.

The overall percentage for Section II is the average of the percentage scores for Work Simulated Tasks, Actual Work Tasks, and Purdue Pegboard DH+NDH+BH. If a client is more than 16 years of age and is not engaged in productive work due to lack of skills or poor behavior, enter 0% for Actual Work Tasks and include the 0% as a score when computing the average. One of the three scores in this section may not be available or may not be applicable. For example, a percentage score for Actual Work Tasks is not applicable for a client below age 16 who may be prohibited by law from working for renumeration. In such cases, compute the average by adding the two available scores and dividing by two. If two of the three scores are not available, the one available score may be used as the overall percent score for the section.

Overall Percent Rehabilitative Skills

After the percentage scores for each of the five sections have been entered on the score sheet, compute the Overall Percent Rehabilitative Skills by summing these percentages and dividing by five. If no scores are available for Part II, compute the average based on four sections. Enter

the computed overall percentage in the space provided on the score sheet.

Community Placement Recommendation

The Community Placement Recommendation calls for rater judgement of the client's probable success in a community living situation based on the amount of supervision needed by the client. The rater should circle the number of the statement representing the rater's highest level of recommendation for the client in terms of community placement. The number of the statement circled represents the community placement recommendation level. This number should be transferred to the space provided on the score sheet of the RSI.

DEVELOPMENT

Several years ago, the staff of the unit for hearing-impaired and deaf clients at the Dixon Developmental Center, a state-operated facility for the developmentally disabled, recognized a need for an objective evaluation tool to assess advancement within three levels of programming. At that time, no comprehensive instrument was available for this purpose. Student evaluation had consisted of staff appraisal of separate areas of performance (e.g., self help skills, vocational skills, language status, educational attainment) and a general assessment of overall behavior and potential to benefit from higher level training. The need for an overall objective measure of readiness for advanced programming became apparent when staff had to choose among candidates for a very limited number of openings in the halfway houses that served the highest level HIMR students. A number of instruments measuring aspects of adaptive behavior of the retarded were available. Among these were the AAMD Adaptive Behavior Scale, Fairview Self Help Scale, and the San Francisco Vocational Competency Scale. While these scales were useful for the general retarded population, they did not take into consideration the handicapping condition of hearing impairment in relation to functioning in a community environment.

To begin the process of developing a comprehensive instrument geared toward adaptive behavior of the hearing impaired mentally retarded population, the authors compiled an initial inventory of items that sampled those skills they believed were essential for successful independent living in a community situation for their HIMR clients. Items sampling areas such as the following were included in the inventory; mathematical skills, mathematical mechanics, functional money concepts, punctuality and attendance at work, ability to follow instructions, vocational initiative, attention span, perseverance, interpersonal relations, communication skills, personal hygiene, living area maintenance, care of personal property, care of prosthetic devices and community utilization skills.

The authors then began the process of testing and refining the inventory, using evaluators and subjects from the Dixon Developmental Center. Refinement was aimed toward the achievement of a clearly-worded instrument containing items that related to daily living skills needed by the HIMR living in the community. The developers wished to make the inventory items scalable, so that an individual who performs at a given level on an item could be assumed able to perform at all preceding levels, except for non-performance or a zero level of a particular skill. Inter-rater and test-retest reliability also were to be determined. In addition, the developers sought to answer several questions in a preliminary study of the validity of the RSI. These were: (1) Does the RSI yield different scores for groups of HIMR students who differ in functional level? (2) What is the effect of the hearing variable on RSI scores? (3) What is the relationship of RSI scores to intelligence quotient, behavioral age, adaptive behavior, and recommendation for community placement? and (4) How do changes over time on the RSI compare with changes over time on an already established

instrument developed for use with retarded clients?

Subjects

Three HIMR groups and one MR Control group participated in the testing sample. These groups were the HIMR Children, the HIMR Adolescents/Adults, the MR Control Group of Adolescents/Adults, and the HIMR Halfway House group. All groups lived on the grounds of the Dixon Developmental Center except the HIMR Halfway House group, who resided in two suburban-type houses in the Dixon community. Age, intellectual and behavioral characterists of all groups are shown in Table 1.

The HIMR groups in this study had for several years been divided by functional level into separate living and program areas. The first level of programming served HIMR children and emphasized self-feeding and self-toileting, as well as the development of perceptual motor skills and a pre-language orientation. The second program level was designed to introduce adolescent/adult students to those skills and behaviors expected of young adults within the community. This program level included community activities designed to teach socialization skills required for eating in restaurants, shopping at local stores, attending public and recreational facilities. The program included daily academic training emphasizing functional language and mathematics taught by educators on a one-to-one or small group basis. Each student participated in daily vocational training at the work activity center on grounds. Finer points of self help skills were taught at this level and the higher life skills of personal item care and laundry were introduced at this time.

TABLE 1.

Age, Intellectual, and Behavioral Characteristics of Test Sample Groups

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Group	n	$\bar{X}$ CA (yr)	Range CA (yrs)	Sd CA (yrs)	$\bar{X}$ IQ	Range IQ	Sd IQ	$\bar{X}$ BA (mos)	Range BA (mos)	Sd BA (mos)	$\bar{X}$ ABS-I % poss	Range ABS-I % poss	Sd ABS-I % poss	$\bar{X}$ ABS-II % poss.	Range ABS-II % poss.	Sd ABS-II % poss.
HIMR Children	30	10.66	4-16	3.02	20.10	4-61	15.27	22.62	8-44	16.04	31.23	9-65	13.11	7.77	0-19	4.72
HIMR Adolescents/ Adults	33	26.41	13-57	11.20	39.70	7-79	14.20	57.88	21-106	21.63	54.10	27-76	14.25	10.76	0-25	5.95
MR Control Groups	33	28.10	15-48	8.89	36.33	10-67	13.40	66.66	16-120	20.89	65.06	17-81	12.65	8.52	1-26	6.43
HIMR Halfway Houses Group	19	23.98	17-34	5.88	54.58	29-90	15.69	85.68	51-113	14.25	74.32	63-83	5.57	10.96	4-18	4.57

Key: CA: Chronological Age on October 1, 1976.

IQ: Intelligence Quotient. The Leiter International Performance Scale was employed to assess intelligence for all HIMR students excepting two who were unable to attain a basal score of 2 years. These students were assessed using the Cattell Infant Intelligence Scale or a combination of the Cattell Infant Intelligence Scale and the Stanford Binet. The MR Control group participants were assessed using either the Stanford Binet, The Wechsler Adult Intelligence Scale, The Cattell Infant Intelligence Scale or the Leiter International Performance Scale.

BA: Behavioral Age as assessed on the Fairview Self Help Scale.

ABS-I: Percent of possible score on Part I of the AAMD Adaptive Behavior Scale.

ABS-II: Percent of possible score on Part II of the AAMD Adaptive Behavior Scale.

The third level of programming occurred at the halfway houses and was designed to teach advanced levels of personal care and independent utilization of community facilities. Skills were developed in the areas of cooking, cleaning, care of clothes, prosthetic device maintenance, shopping, banking and use of public recreation facilities and public transportation. Approximately one-half of this population received three hours of academic training daily since they were still under age 21 or had not yet plateaued in their academic achievement level. These students worked half days at a community workshop. The remaining students worked full time and received socio-academic training after working hours. Two individuals held full time jobs within the community.

All HDMR service staff were trained in total communication skills (signed English accompanied by normal speech) and utilized this language mode in all interaction and training with students.

The MR Control Group for the HDMR Adolescents/Adults was chosen from among two units of hearing residents at Dixon Developmental Center on the basis of matching IQ, behavioral age, adaptive behavior, and chronological age. This group received programming similar to the HDMR Adolescent/Adult group except that total communication was not taught to students nor utilized by staff.

An individual treatment plan had been developed for each student participating in the study. The plan delineated medical, behavioral, academic, social and vocational goals and means for achieving them. Progress toward the stated goals was monitored monthly for the HDMR students and quarterly for the control students by unit treatment teams.

Scalability

The preliminary version of the RSI was rated for students in all HDMR

groups with instructions to raters to circle all statements in an item that described the client's current functioning level and the client's functioning at a previous developmental level. The raters were also requested to make comments upon the items in terms of clarity of wording, practical applicability of content, and order of statements within items. Based on analysis of data derived from the circled items and comments offered by the respondents, the scale was revised in terms of wording and some re-ordering of statements within items. The revised scale was administered on a 20 percent sample of all HIMR groups (n=18). An analysis of scalability resulted in a coefficient of reproductibility[3] of .996 indicating that the statements or levels within RSI items were ordered so that an individual who performs at a given level of an item is generally able to perform at all preceding levels listed within that item. With scalability achieved, the RSI was considered finalized.

Procedure for Test Administrations

The finalized RSI, Community Placement Recommendation, and San Francisco Vocational Scale were rated for subjects in the HIMR Adolescent/Adult group, the HIMR Halfway House group, and the MR Hearing Control group three times within a seven month period, with an interval of 3½ months between each administration. The San Francisco scores were converted into percents of possible score for purpose of comparison with RSI percent scores over the three administrations. Scores for subjects participating in all three administrations are shown in Table 2.

Table 2

Mean Scores for Groups on Administration of the Rehabilitative Skills Inventory (RSI), Community Placement Recommendation (CPR), and San Francisco Vocational Competency Scale (SF).

			June 77	Oct 77	Feb 78
HDMR	n=32	RSI %	39.28	39.72	41.50
Adolescents/	n=32	CPR	1.33	.88	1.25
Adults	n=32	SF %	47.81	55.13	60.78
HDMR	n=19	RSI %	68.16	64.89	63.84
Halfway House	n=19	CPR	2.32	2.16	2.21
	n=19	SF %	72.84	72.58	73.84
HDMR Groups	n=51	RSI %	50.04	49.10	49.82
Combined	n=51	CPR	1.70	1.35	1.61
	n=51	SF %	57.14	61.63	65.65
	n=32	RSI %	54.69	52.56	50.84
MR	n=32	CPR	1.64	2.19	1.69
Hearing Control	n=32	SF %	58.39	53.97	59.19
All Groups	n=83	RSI %	51.83	50.43	50.22
Combined	n=83	CPR	1.66	1.67	1.64
	n=83	SF %	57.61	58.73	63.21

Inter-rater reliability

Inter-rater reliability data was obtained on the first administration of the finalized RSI. Students in the HIMR Adolescent/Adult group, the MR Adolescent/Adult Control group, and the HIMR Halfway House group were independently rated by two raters on portions of the RSI for which raters equally knowledgeable of students were available. These portions were: Section III, Vocational Behavior, items A,B,and C; Section IV. Community Skills; and Section V. Daily Living Skills. All evaluators for each of the aforementioned sections were cottage technicians. For each pair of evaluators, a correlation coefficient was computed. Table 3 presents the coefficients obtained for each pair of evaluators and the number of students rated by each pair. For all but one pair of evaluators, correlation coefficients of at least .91 were obtained. The one exception was a correlation coefficient of .24, which was obtained by one pair of evaluators who rated 12 students in the MR Adolescent/Adult control group. One factor that may have contributed to this discrepant correlation is the lack of direct verbal instructions received by these evaluators from the developers regarding the RSI format and importance of accuracy in ratings. Another factor which may have contributed to the higher correlations obtained on the scores of HIMR evaluators as compared to the scores of MR control evaluators may be the fact that the former technicians had greater experience in rating of student abilities, since it was the practice of the HIMR unit to conduct more frequent student evaluations than did the hearing control group units.

Table 3

Inter-rater Reliability of Sections III. A, B, C, IV, and V of the RSI: Correlation Coefficients obtained on Independent Ratings.

Group	Evaluator Pair	n	r
HDMR Adolescent/ Adults	H - R	5	.99
	E - K	15	.91
	B - V	13	.94
HDMR Halfway Houses	M - P	7	.94
	D - H	11	.98
MR Adolescents/ Adults Control Group	C - S	12	.24

Inter-rater reliability of the Community Placement Recommendation was examined in the same manner as above. Table 4 presents the coefficients obtained for each pair of evaluators and the number of students rated by each pair. It is noted that correlations of .76 or .77 were obtained on ratings of four out of five pairs of evaluators, indicating fair reliability.

The higher inter-rater reliability of the RSI as compared to that of the Community Placement Recommendation is probably due to the fact that the RSI is based on objective knowledge of specific capabilities of the client, whereas the Community Placement Recommendation has a more subjective basis, relying on rater opinion regarding the probability of the clients future success in community living.

Test-retest Reliability

RSI test retest reliability data was obtained from the first administration of the finalized RSI and from a re-test administration four weeks later. Students in the HIMR Adolescent/Adult group, the MR Adolescent/Adult group, and the HIMR Halfway House group were evaluated on the RSI by an educator who rated Mathematics and Money Skills and Purdue Pegboard sections, a workshop supervisor who rated work competency scores and Vocational Behavior (Items D through J), and two cottage technicians who separately rated Vocational Behavior (Items A through C) as well as Community Skills and Daily Living Skills sections. For each student, two overall scores were obtained. The two overall scores differed only as a result of the different scores on the sections rated by the two technicians. Thus, the ratings by the educator and the workshop supervisor were common to both overall scores. Four weeks later, the identical procedure was

Table 4

Inter-rater Reliability of Community Placement Recommendations: Correlation Coefficients Obtained on Independent Ratings.

Group	Evaluator Pair	n	r
HIMR Adolescent/ Adult	W - E	29	.77
HIMR Halfway Houses	L - P	7	.76
	H - M	12	.77
MR Adolescent/ Adult Control	H - P	21	.77
	R - L	12	.51

repeated using the same raters rating the same students on the same sections they had rated previously. Upon completion of the retest administration, four overall RSI scores were available for each student, i.e. two test scores and two re-test scores. A correlation coefficient was computed between test and re-test scores for each set of evaluators that rated a group of students. Table 5 presents the test-retest coefficients obtained for each set of evaluators and the number of students rated by each set. Correlation coefficients of at least .91 were obtained for all sets of evaluators of the HIMR groups. The slightly lower correlation coefficients of .87 and .85 obtained for the evaluators of the MR Control group may be due to the lack of verbal instruction given to these evaluators and/or their lesser experience with assessment, as previously explained.

Test-retest reliability of the Community Placement Recommendation was similarly determined through test-retest ratings performed by cottage technicians or social workers. A test-retest correlation was obtained for each evaluator. Table 6 presents the number of students rated by each evaluator and the test-retest correlations obtained. There is considerable variability in the coefficients obtained with a range of .56 for an evaluator of the MR Control group to three coefficients of 1.00 for evaluators of the HIMR groups. A mean correlation weighted according to the number of students rated by each evaluator was found to be $r = .84$, indicating reasonably good test retest reliability.

Table 5

Test-Retest Reliability of the RSI: Correlation Coefficients obtained on Ratings Performed Four Weeks Apart.

Group	Evaluator Set	n	r
HDMR Adolescent/Adult	W-E-S	16	.96
	W-K-S	16	.96
	W-B-S	13	.95
	W-V-S	13	.91
HDMR Halfway Houses	P-D-W	7	.94
	M-D-W	7	.91
	H-G-W	12	.94
	D-B-W	12	.95
MR Adolescent/Adult Control	C-E-W	12	.87
	S-E-W	11	.85

Table 6

Test-Retest Reliability of Community Placement Recommendation: Correlation Coefficients Obtained on Ratings Performed Four Weeks Apart

Group	Evaluator	n	r
HDMR Adolescent/Adult	E	29	.82
	W	29	.92
	R	5	.88
	M	5	1.00
HDMR Halfway Houses	H	12	1.00
	M	12	.65
	P	7	.81
	L	7	1.00
MR Adolescent/Adult Control	L	12	.56
	H	21	.85
	P	21	.86

Validity

If the RSI is to be used to measure readiness of HIMR clients for community living, it should be able to discriminate among HIMR groups already designated as differing in functional level by other means. A one-way analysis of variance was performed on the overall scores of the three HIMR groups obtained on the administration of the preliminary version of the RSI. The scores of the groups are summarized in Table 7. The analysis showed that these groups differ significantly at the $p < .001$ level ($F=69.28$, $df = 2$). Scheffe' contrasts of pairs indicated that the means for the HIMR Children and HIMR Adolescent/Adult groups differed at the .01 level of significance with the remaining two contrasts differing significantly at the .001 level. These results strongly support the hypothesis that the RSI is able to discriminate among HIMR groups differing in functional levels.

If the RSI is especially designed for the hearing-impaired, differences in RSI scores might be expected between hearing-impaired and non hearing-impaired groups matched on other variables. To test this hypothesis, RSI scores of the HIMR Adolescent/Adult group and its control group were compared across administrations by means of a 3 x 2 Lindquist (1953) Type I analysis of variance with Groups as a between subjects variable and Administrations as a within subjects variable. Refer to Table 2 for the means of each group on the three administrations. The analysis of variance, summarized in Table 8, resulted in a significant ($p < .001$) between groups effect with the hearing-impaired scoring lower than the hearing group on all administrations. These results support the hypothesis that the hearing variable does affect RSI scores.

Table 7

Preliminary RSI Administration Scores (Scores in %)

GROUP	n	Mean Score	SD	range
HIMR Children	30	21.67%	10.50%	5% - 53%
HIMR Adolescents/ Adults	33	41.33%	17.97%	10% - 70%
HIMR Halfway Houses	19	71.84%	11.78%	52% - 96%

Table 8

Lindquist Type I Analysis of Variance Summary Table on Groups (HIMR Adolescent/Adult vs: MR Adolescent/Adult Control) X RSI Administrations

Source	SS	df	MS	F	P
Groups (G)	7437.63	1	7437.63	13.19	< .001
Error Between	34952.07	62	563.74		
Administrations (A)	21.12	2	10.56	--	ns
G x A	274.04	2	137.02	4.91	< .01
Error Within	3460.84	124	27.91		

In addition, the above analysis of variance revealed a non-significant effect of repeated administrations. A significant ($p < .01$) interaction effect was found with the hearing-impaired group showing increasing mean scores and the hearing control group showing decreasing mean scores over administrations. A possible explanation of this interaction is that the program for the hearing impaired placed special emphasis on communication skills development and care of prosthetic devices, and the results of this emphasis were reflected in the increasing scores of the HIMR students on the RSI.

In an examination of the relationship of the RSI to other assessment indices commonly used with the mentally retarded, correlations were obtained between RSI scores and other measures. These correlations are presented in Table 9. Correlations significantly different from zero were obtained for all groups between the RSI and the San Francisco Vocational Competency Scale, Part I of the AAMD Adaptive Behavior Scale, intelligence quotient, and Fairview Self Help Scale behavioral age. Correlations between the RSI and the Community Placement Recommendation were significantly different from zero for all groups except the MR Hearing Control group. Correlations for all Groups are highest with the San Francisco, AAMD Adaptive Behavior Scale Part I and the Fairview Self Help Scale, indicating that the RSI has considerable concurrent validity with other measures which assess adaptive behavior. These correlations are somewhat higher for the HIMR groups than for the MR Hearing Control group, indicating that the RSI may have higher concurrent validity with established instruments for HIMR students than for hearing MR students.

Table 9

Correlation Of Rehabilitative Skills Inventory (RSI) With Other Variables (based on 1st administration of finalized RSI).

	Community Placement Recommendation (CPR)	San Francisco Voc.Comp.Scale (SF)	AAMD Adaptive Behavior Scale Part I	AAMD Adaptive Behavior Scale Part II	Intelligence Quotient	Fairview Self Help Scale Behavioral Age
HIMR Target Group (n=33)	.65*	.84*	.92*	-.16	.57*	.85*
HIMR Halfway Homes (n=19)	.72*	.71*	.68*	-.48**	.69*	.65*
Combined HIMR Grps. (n=52)	.77*	.89*	.93*	-.15	.68*	.87*
MR Hearing Control (n=33)	.17	.55*	.78*	-.11	.48*	.69*
All Groups (n=85)	.64*	.79*	.89*	-.15	.56*	.82*

* Correlation significantly different from 0 at the $p < .01$ level

** Correlation significantly different from 0 at the $p < .05$ level

To investigate the sensitivity of the RSI to changes in student performance as a result of time and/or training, the developers compared changes over time on the RSI to changes over time on an already established instrument developed for use with retarded clients, the San Francisco Vocational Competency Scale. The San Francisco scale assesses characteristic performance of the mentally retarded adult in the work situation. Two 3x3 (Groups x Administrations) Lindquist Type I Analysis of Variance were carried out, one using RSI scores, and the other using San Francisco scores. The results of these analyses are summarized in Tables 10 and 11. Whereas the San Francisco analysis indicated a significant overall main effect of trials with scores increasing over time, there was no significant main effect of trials on the RSI. These results indicate that the RSI is not as sensitive to change in student performance over the period measured as is the San Francisco. It should be noted, however, that the RSI measures many more elements than the San Francisco, and therefore may not show change over the short evaluation period used in this study.

Table 10

Lindquist Type I Analysis of Variance Summary Table on Groups (HDMR Adolescent/Adult vs. MR Adolescent/Adult Control vs. Halfway Houses) X RSI Administrations

Source	SS	df	MS,	F	P
Groups (G)	23709.21	2	11854.61	23.28	< .001
Error Between	40745.34	80	509.32		
Administrations (A)	128.26	2	64.13	2.63	ns
G x A	385.24	4	96.31	3.94	< .01
Error Within	3908.50	160	24.43		

Table 11

Lindquist Type I Analysis of Variance Summary Table on Groups (HIMR Adolescent/Adult vs. MR Adolescent/Adult Control vs. Halfway Houses) X San Francisco Vocational Competency Scale Administrations.

Source	SS	df	MS	F	P
Groups (G)	13702.48	2	6851.24	9.12	.001
Error Between	60089.02	80	751.11		
Administrations (A)	1818.84	2	909.42	10.47	< .001
G x A	1394.19	4	348.55	4.01	< .05
Error Within	13892.97	160	86.83		

DISCUSSION

A number of instruments purporting to evaluate client behavior are in existence such as the AAMD Adaptive Behavior Scale, Fairview Self Help Scale, and San Francisco Vocational Competency Scale. The RSI measures characteristics partially in common with the above instruments, but it is unique in that it assesses skills that the developers believe necessary for successful community functioning of clients with hearing impairment. Like the San Francisco, it measures vocational behavior, but in addition, it provides a quantitative measure of work productivity. While both the RSI and the Fairview measure number sense and communication skills, the RSI does so at a higher level and in greater detail. Although the RSI has several features in common with the AAMD Adaptive Behavior Scale, viz., measurement of number ability, communication, and daily living skills, the RSI is unique in its major emphasis on practical ability to function within the community and its specific orientation toward the hearing impaired, including their use of prosthetic devices.

Analysis of data on the RSI indicates that it has good inter-rater and test-ratest reliability as well as good concurrent validity with other measures that assess adaptive behavior. Within the limits of the seven month evaluation period used in this study, the RSI was found not to be sensitive to change in student performance, whereas the San Francisco Vocational Competency Scale, an already established instrument used to assess MR clients in the vocational setting, did reflect change in performance. It should be noted that since the RSI measures many more elements than the San Francisco, a longer evaluation period may be required for changes to be

reflected on the RSI.

As one indicator of the validity of the RSI for measuring readiness for community placement, the inventory clearly discriminated among groups of HIMR students within the Dixon Developmental Center who differed in functional level. In order to further determine the ability of the RSI to predict community functioning it should be rated on MR clients who live in the community and who display a wide range of adjustment levels. Norms could then be established for various criterion levels of success. Since the hearing-impaired and non hearing-impaired were found to differ in RSI scores in the test sample, separate validation groups and norms should be established for these two classes of clients.

The Community Placement Recommendation, an adjunct to the RSI, was found to have at least fair inter-rater reliability and reasonably good test re-test reliability. Community Placement Recommendation ratings over time may be useful in obtaining a subjective assessment of a client's progress toward readiness for community placement and may serve as a supplement to the objective inventory in staff evaluation of client status.

In summary, the authors believe the RSI has unique features that would make it especially adaptable for measuring readiness of HIMR clients for community living. In order to enhance the usefulness of the RSI, the developers recommend the following further research: 1) analysis of student RSI profiles over a longer period of time than was possible in this study in order to determine the sensitivity of the RSI to change in student performance; 2) use of community criterion groups to establish more adequately predictive validity of the RSI in terms of its ability to measure readiness for community living, and 3) consequent establishment of norms for hearing-impaired and non hearing impaired MR clients.

Appendix

The normal rate of production on a particular task, if not already available, may be obtained as follows: Assemble at least five non-handicapped persons (staff members may be used) who will perform the task in a time study. Assemble the necessary work materials on a table so that each person can reach them with a minimum of effort. Allow each person sufficient room for placement of completed items. Have the participants practice the tasks for several minutes or until they are familiar with the steps involved. Then have the participants work on the tasks at a moderate pace for a pre-determined amount of time (at least five minutes). Count the total number of tasks completed or items produced by the group. Divide this total by the number of persons in the group. Then divide this result by the number of minutes that the group worked to obtain the approximate normal amount of production per minute for the task. Multiply this number by 50 in order to obtain the normal amount of production per hour. In computing rates of production, a working hour is considered to be 50 minutes, allowing 10 minutes per hour for break time.

To obtain a client's work competency percentage on a given task, divide the number of units completed by the client in a given number of minutes (or hours) by the number of minutes (or hours) spent working on the task. Divide this result by the normal amount of production per minute (or hour).

Footnotes

1. Purdue Pegboard and Examiner Manual are available from Lafayette Instrument Company, Box 1279, Lafayette, Indiana 47902.

2. Male and Female Applicants for General Factory Work was chosen as the normal reference group because it best parallels HDMR students who first enter the community job market without specialized work skills.

3 Coefficient of reproductibility:

$$R = 1 - \frac{e}{nk}$$

where e = number of responses not in accordance with scale

n = number of subjects

k = number of items

Source: Lindzey and Aronson (1968)

Perfect scalability would result in a coefficient of 1. A result of .90 or above usually is considered an indication of satisfactory scalability.

References

Lindquist, E. F. Design and Analysis of Experiments in Psychology and Education. Cambridge, Massachusetts: Riverside Press, 1953.

Lindzey, G. and Aronson, E. Handbook of Social Psychology, Vol. 1. Reading, Massachusetts: Addison-Wesley, 1968, pp. 222-224.

REHABILITATIVE SKILLS INVENTORY (RSI)
-score sheet-

Client's Name _____ Today's Date _____ Client's Birthdate _____

I. MATHEMATICS AND MONEY SKILLS

_____ Evaluator

A. Basic Math Skills
B. Identification & Math Mechanics of Money ____
C. Working for Money ____
D. Utilizing Money ____
E. Financial Planning ____

Total ____ /43 ____ %

II. VOCATIONAL PERFORMANCE

_____ Vocational Evaluator (1&2)

1. Work Simulated Tasks ____
2. Actual Work Tasks ____
3. Purdue Pegboard (pins only) ____

_____ Purdue Pegboard Evaluator (3)

DH ____ NDH ____ BH ____ DH + NDH + BH ____ /48 Average of #1, 2, & 3 ____ %

DH # pins	NDH # pins	BH # pairs	
____ %	____ %	____ %	____ %

III. VOCATIONAL BEHAVIOR

_____ Residential Evaluator (A-C)

_____ Vocational Evaluator (D-J)

A. Independent Attendance: Leaving for Work ____
B. Independent Attendance: Arrival at Work ____
C. Attitude Toward Attending Work ____
D. Ability to Follow Instructions ____
E. Quality of Work ____
F. Initiative & Interest on the Job ____
G. Attention Span and Perseverance ____
H. Ability to Work with Supervisors ____
I. Optimal Type of Supervision ____
J. Relationship to Peers ____

Total ____ /43 ____ %

IV. COMMUNITY SKILLS

_____ Residential Evaluator

A. Community Utilization Skills ____
B. Language in the Community ____
C. Communication Effectiveness ____

Total ____ /13 ____ %

V. DAILY LIVING SKILLS

_____ Residential Evaluator

A. Personal Hygiene ____
B. Room Cleaning Skills ____
C. Care of Personal Belongings ____
D. Participation in Daily Living Activities ____
E. Prosthetic Device Usage and Maintenance ____

Total ____ /24 ____ %

Overall Percent Rehabilitative Skills ____ %

COMMUNITY PLACEMENT RECOMMENDATION LEVEL ____ %

_____ Community Placement Recommendation Evaluator

REHABILITATION SKILLS INVENTORY

(RSI)

PART I. MATHEMATICS AND MONEY SKILLS

CIRCLE HIGHEST LEVEL APPLICABLE FOR EACH ITEM

I.A. Basic Math Skills (ability to count, basic math functions)

0. Individual displays no indication of familiarity with or understanding of number concepts.

1. Given a number of objects (no greater than five), individual can select an equal number from a larger group of identical objects by means of one-to-one correspondence.

2. Individual can use numbers up to two in counting objects.

3. Individual can use numbers up to three in counting objects.

4. Individual can use numbers up to five in counting objects.

5. Individual can use numbers up to ten in counting objects.

6. Individual can add one-digit numbers whose sums are no greater than five.

7. Individual can add one-digit numbers whose sums are no greater than ten.

8. Individual can subtract one-digit numbers from five or less.

9. Individual can subtract one-digit numbers from ten or less.

10. Individual displays knowledge of multiplication.

11. Individual displays knowledge of division.

12. Individual can utilize simple calculator.

I.B. Identification and Mathematical Mechanics of Money

0. Individual displays no ability to distinguish coins or paper money from other objects.

1. Individual can isolate coins from a group of objects containing coins and non-coins.

2. Individual can isolate similar coins from a group of mixed coins.

3. Individual can correctly select coin when given word and/or manual sign for "one cent" or "one penny" and can communicate word and/or manual sign for "one cent" or "one penny" when shown coin.

4. Individual can correctly select coins when given words and/or manual signs for "one cent" or "one penny," "five cents" or "one nickel" and can communicate words and/or manual signs for these coins when shown coins.

5. Individual can correctly select coins when given words and/or manual signs for all of the above plus word and/or manual sign for "ten cents" or "one dime" and can communicate words and/or signs for all of these coins when shown coins.

6. Individual can correctly select coins when given words and/or manual signs for all the above plus word and/or manual sign for "twenty-five cents" or "one quarter" and can communicate words and/or signs for all of these coins when shown coins.

7. Individual can correctly identify various paper bills.

8. Individual can select coins for purchases up to five cents utilizing pennies or nickel alone.

9. Individual can select coins for purchases up to ten cents using combinations of nickels and/or pennies or dime.

10. Individual can select coins for any purchase amount up to twenty-five cents.

11. Individual can select coins for any purchase amount up to one dollar.

12. Individual can select appropriate bills for any whole dollar amounts up to ten dollars.

13. Individual can select bills and change for any purchase amounts up to ten dollars.

14. Individual can select appropriate combinations of coins and bills for purchases of ten dollars or greater.

I.C. Working for Money

0. Individual does not display improved performance for rewards.

1. Individual displays improved performance for primary rewards.

2. Individual displays improved performance for a token chip reward that can be exchanged for a primary reward.

3. Individual displays improved performance for monetary rewards given for each task performed.

4. Individual displays improved performance for monetary rewards given on an intermittent basis. (ex: 1¢ is given for every three successfully completed items.)

5. Individual works for monetary reward paid once daily.

6. Individual works for weekly monetary reward.

7. Individual recognizes a paycheck as payment for work.

L.D. Utilizing Money

0. Individual displays no understanding of the value of money as a medium of exchange.

1. Individual willingly exchanges coins for a desired object.

2. Individual displays understanding of the concept, "more than" as applied to money. (ex: $5 is more than $1.)

3. Individual displays understanding of the concept, "less than" as applied to money. (ex: 25¢ is less than $1.)

4. Individual can view two similar articles that are different in price and recognize that one costs more than the other.

5. When purchasing an item, individual views price, makes appropriate payment and waits for change, if due.

L.E. Financial Planning

0. Individual does not save money and does not plan for future expenditures.

1. Individual saves some money for use in near future. (ex: saves some change today in order to buy a candy bar tomorrow.)

2. Individual can cash a paycheck, save a portion, and spend the rest.

3. Individual can make a weekly budget that reflects both needs and available income.

4. Individual spends money according to a planned budget amount. (ex: individual has choice between two items, one listed on budget, the other not; selection is based upon the written budget.)

5. Individual saves money for expensive items over many pay periods in order to obtain an item which is not necessary for basic daily living.

PART II. VOCATIONAL PERFORMANCE

1. Work Simulated Tasks

   If this individual participates in a pre-vocational training program utilizing work-simulated tasks, list task(s) and percentage(s) of work competency attained within the last six months. (Percentage of work competency is a comparison of the individuals rate of production on a task with the normal rate of production on that task. The normal rate of production is designated as 100% work competency).

2. Actual Work Tasks

   If this individual works at a work activity center, workshop, or other job placement, list job(s) and percentage(s) of work competency attained within the last six months.

3. Purdue Pegboard

   This individual attained the following scores on the Purdue Pegboard (pins only): DH (Dominant Hand); NDH (Non-Dominant Hand); BH (Both Hands)

   DH____ NDH____ BH____ DH + NDH + BH_____

   ____% ____% ____% _____%

PART III. VOCATIONAL BEHAVIOR

CIRCLE HIGHEST LEVEL APPLICABLE FOR EACH ITEM

III. A. Independent attendance: Leaving for work

0. Cannot or will not prepare to leave for work.

1. Is ready to leave for work with considerable assistance or prompting.

2. Is ready to leave for work with minimal assistance or prompting.

3. Is ready to leave for work with no assistance or prompting.

III. B. Independent attendance: Arrival at work

0. Refuses to go to the work location.

1. Will arrive at work location when accompanied by guardian or staff member.

2. Will arrive at work with a group and/or via specially arranged transportation without need of supervision enroute.

3. Arrives at work on his/her own; is frequently late.

4. Arrives at work on his/her own and is generally on time.

III. C. Attitude Toward Attending Work

0. Shows no willingness to go to work.

1. Demonstrates at least some willingness to go to work.

2. Demonstrates interest in going to work.

3. Shows eagerness to go to work.

III. D. Ability to Follow Instructions

0. Cannot follow instructions no matter how they are communicated.

1. Can follow a physical demonstration.

2. Can follow signed/verbal instructions with a physical demonstration.

3. Can follow simple signed/verbal instructions without physical demonstration.

4. Can follow complex signed/verbal instructions without physical demonstration.

5. Can follow simple written instructions. (ex: cookbook).

III. E. Quality of Work

0. Essentially non-productive.

1. Produces at least a little.

2. Produces at least a little and corrects own errors with supervision.

3. Produces at least a little and usually corrects own errors without supervision.

4. Usually produces error-free work and turns out an acceptable product.

5. Can inspect the work of others.

III. F. Initiative and Interest on the Job

0. Refuses to work.

1. Needs constant prompting to keep working.

2. Needs frequent prompting to keep working.

3. Needs occasional prompting to keep working.

4. Needs no prompting to keep working.

5. Needs no prompting to keep working, is interested in and enthusiastic toward work, and will look or ask for tasks if unoccupied.

III.G. Attention Span and Perseverance on the Job

0. Cannot perform a work task due to low attention span.

1. Attention span sufficient to perform a work task for one minute without prompting.

2. Attention span sufficient to perform a work task for five consecutive minutes without prompting.

3. Attention span sufficient to perform a work task for fifteen consecutive minutes with no more than occasional prompting.

4. Attention span sufficient to perform a work task for thirty consecutive minutes with no more than occasional prompting.

5. Attention span sufficient to perform a work task for fifty consecutive minutes with no more than occasional prompting.

6. High levels of concentration; can maintain a normal half-day work schedule with no more than occasional prompting.

III.H. Ability to Work with Supervisors

0. Will not work under any supervisor or supervision has no effect on performance.

1. Supervision has at least some effect on performance.

2. Works reasonably well under one supervisor.

3. Works reasonably well under more than one supervisor.

4. Works reasonably well under most supervisors.

5. Works well under all supervisors.

III.I. Optimal Type of Supervision

0. Will not work under any type of supervision or supervision has no effect on performance.

1. Works best under firmly controlled supervision.

2. Works best under permissive, supportive supervision.

3. Works well under nearly all types of supervision.

III, J. Relationship to Peers in Work Situation

0. Makes no social contact or social contact is primarily negative due to individual's aggression, teasing, or otherwise inappropriate behavior.

1. Individual has at least some appropriate social contact with peers.

2. Generally friendly and cooperative when approached by others.

3. Generally has appropriate social contact with peers; may occur at inappropriate times.

4. Has appropriate social contact with peers at appropriate times.

PART IV. COMMUNITY SKILLS

CIRCLE HIGHEST LEVEL APPLICABLE FOR EACH ITEM

IV, A. Community Utilization Skills

0. Individual's behavior does not allow him/her economic and/or social contact with the community.

1. Individual's behavior allows participation in community related trips; tasks may have to be done for him/her. (ex: might not do own shopping except under total supervision; may have to be taken to public toilet, etc.)

2. Individual can utilize community facilities with direct supervision. (ex: uses community facilities such as YMCA or bowling alley but needs close supervision by staff in order to find a towel, get key for locker, obtain bowling shoes, select bowling ball.)

3. Individual can utilize community facilities with minimal supervision. (ex: can do own shopping but may need help at check-out.)

4. Individual can function and utilize some facilities in the community unsupervised. (ex: walks to theatre, buys ticket, sees movie, returns to living area when finished.)

IV, B. Language in the Community

0. Language development inadequate for community concepts.

1. Is able to receptively attach meaning to community activity through words or signs (bowling, swimming, movie, etc.)

2. When in community, individual can follow signed or spoken language directions to utilize community resources. (ex: "Go to toilet," "pay the clerk," "line up here," "which shirt do you want?")

3. When in the community, individual is able to expressively identify various community resources. (ex: when passing by a community resource, can say or sign "store," "bank," "park," "house," etc.)

4. Individual can expressively communicate his thoughts about the community resources that he utilizes.

IV. C. Effectiveness of Communication in Community

0. Individual relies entirely on staff to communicate his needs.

1. Individual can independently acquire basic commodities without use of language (ex: selects items at store and pays for them without utilizing verbal, signed or gestural communication either receptively or expressively).

2. Individual can receive spoken directions or visual cues from community agent and respond accordingly. (ex: when at a food store, the clerk asks for payment at the check-out, individual produces money.)

3. Individual can expressively convey communication of needs to a community agent. (ex: individual needs flashlight batteries; he brings battery or flashlight with him to the store and shows clerk.)

4. Individual can understand a community agent's spoken directions or questions in order to accomplish a community activity with little or no frustration to himself or community agent.

5. Individual utilizes language skill while in the community so that he is understood by most community agents.

PART V. DAILY LIVING SKILLS

This individual has been included in the following living skills programs: (Please list and provide subjective and objective indications of performance.)

CIRCLE HIGHEST LEVEL APPLICABLE FOR EACH ITEM

V. A. Personal Hygiene

0. Individual is not capable of maintaining own hygiene even under very close supervision and prompting.

1. Individual maintains personal hygiene with very close supervision and prompting; may have some unacceptable hygienic mannerisms (e.g., too much perfume, too much powder, washes hands too often, uses deoderant on entire body, etc.)

2. Individual maintains personal hygiene with a moderate amount of supervision, (ex. bathes adequately and readily when needed, brushes teeth, changes underclothing, etc.)

3. Individual maintains acceptable hygiene with little or minimal supervision. (ex.: bathes adequately and readily when needed, brushes teeth, changes underclothing, etc.)

4. Individual independently maintains adequate personal hygiene.

V. B. Room Cleaning Skills

0. Does not clean own room or area even with direct supervision and help.

1. Cleans own room or area with direct supervision and help.

2. Cleans own room or area with a moderate amount of supervision and help.

3. Cleans own room or area with minimal or no supervision; may need to be checked when completed.

4. Cleans room or area independently and thoroughly as the need arises.

V. C. Care of Personal Belongings

0. Assumes no responsibility for care of personal belongings. (ex: clothing, personal effects, etc.)

1. Cares for personal belongings at least in part (e.g. hangs up coat, keeps track of and puts away personal items such as brush and comb).

2. Cares for personal belongings: may need supervision in their general care (e.g., laundry, pressing wrinkled clothing, polishing shoes) or may need reminding to seek assistance when possessions fall into disrepair.

3. Cares for personal belongings without supervision and seeks assistance from staff or guardian when possessions fall into disrepair.

4. Takes responsibility for total care of personal belongings (ex: maintains clothing, radio and record player) and realizes that repair of belongings is possible from a community resource (may use staff or guardian in attaining the repair or purchase of these belongings).

V. D. Participation in Daily Living Activities

0. Refuses to participate in daily routine activities.

1. Will participate in at least some daily activities (ex: making bed, clearing dishes off table) with prompting.

2. Will participate in all daily activities with prompting.

3. Willingly participates in activities which he/she desires (ex: cooking, table setting, etc.) without prompting

4. Actively participates in all daily activities with minimal or no prompting.

5. Accepts responsibility without prompting to perform daily activities necessary for group home functioning (ex: follows written task schedule for meal preparation, does laundry on assigned evenings, etc.).

V. E. Prosthetic Device Usage and Maintenance
(ex: hearing aids, glasses, braces, dentures, artificial limbs, etc.)

INSTRUCTIONS:
If no prosthetic devices are worn, skip to item E(4).
If prosthetic devices are worn, answer items E(1), E(2), and E(3). Do not answer item E(4).

E(1). Individual wears the following prosthetic devices(s): (A)_____

(B)_____ (C)_____ (D)_____

E(2). Usage (Circle highest level statement applicable for each device worn.)

Device A	B	C	D	
1	1	1	1	Wears prosthetic device only with constant supervision.
2	2	2	2	Wears prosthetic device with frequent prompting.
3	3	3	3	Wears prosthetic device with occasional prompting.
4	4	4	4	Wears prosthetic device without prompting.

E(2) total (sum of circled numbers) = ___

E(3). Operation and Maintenance (Circle highest level statement applicable for each device worn).

Device A	B	C	D	
0	0	0	0	Individual is unable to or refuses to operate needed prosthetic device.
1	1	1	1	Operates prosthetic device, at least in part (ex: turns hearing aid "on" and "off", lowers and raises volume, etc.)
2	2	2	2	Operates and maintains prosthetic device with supervision (ex: needs assistance and/or reminding to clean glasses, adjust hearing aid, change battery or recharge aid).
3	3	3	3	Operates and maintains prosthetic device with minimal or no supervision (ex: properly adjusts device on his/her own, changes own battery or recharges aid when necessary).

E(3) total (sum of circled numbers) = ___

Score to be transferred to score sheet for V.E. Prosthetic Device Usage and Maintenance is the sum of E(2) total and E(3) total divided by the number of prosthetic devices worn:

$$\frac{\text{E(2) total + E(3) total}}{\text{number of devices worn}} = _____ = _____$$

Round to nearest whole number

E (4). Individual wears no prosthetic devices because: (Circle 0 or 7)

0. Individual's functioning level or behavior prohibits the assessment of need for prosthetic device(s), or individual refuses to wear or cannot tolerate needed prosthetic device(s) even with supervision.

7. Professional evaluation of need for prosthetic device(s) has not been completed at this time or professional evaluation indicates that prosthetic device is not needed or would not be beneficial at this time or individual is not known to be hearing impaired, physically handicapped, visually impaired, etc., to a degree that prosthetic devices are required.

Score for this item is to be transferred to score sheet as the score for V. E. Prosthetic Device Usage and Maintenance.

Name of Client:_____ Name of Rater:_____

Date:_____

COMMUNITY PLACEMENT RECOMMENDATION

Please circle the highest level statement below in relation to the above-named client.

0. Community placement success near zero; placement not recommended in any community facility.

1. Community placement success considered doubtful but placement is cautiously recommended if deficits inneed of specific remediation can be met by an intermediate care facility.

2. Community placement recommended; success expected if a community agency can provide maximum supervision within a group home living situation.

3. Independent community placement recommended; success possibilities considered good in apartment living if close supervision can be provided by a community agency.

4. Independent community placement strongly recommended; success probable in apartment living with minimal supervision by a community agency.